

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414  
Topeka, Kansas 66612-1244  
www.pharmacy.ks.gov (785)296-4056

**LICENSE APPLICATION:  
Pharmacist by Exam  
Form LA-01****INSTRUCTIONS**

All applications must be typed, be complete, and include all fees and supporting documentation before they will be processed by staff. Disclosure of information is voluntary. However, failure to disclose all requested information may result in denial of your application. Applicants have an obligation to update and supplement this information and application responses if changes occur. Failure to do so may result in disciplinary action, including, but not limited to, denial of future licenses.

**FEES**

Enclose a check or money order payable to the Kansas State Board of Pharmacy in the amount of \$40.00. There may also be a \$48 background check fee (see below). Fees are nonrefundable.

**SUPPLEMENTAL MATERIAL**

Attach a legible copy of your current driver's license or government-issued photo ID. If the name on your ID is different from that shown on your application, you must submit proof of a legal name change (certified copy of marriage license, divorce decree, or court order). Attach a passport-style and size photo of yourself (head and shoulders) taken no more than 60 days prior to submitting this application. Proof of one year of pharmaceutical experience must be on file with the Board as required by K.S.A. 65-1631. If you need to attach additional proof of experience, use Form S-400: Intern Experience.

**APPLICANT INFORMATION**

First Name	Middle Name	Last Name	
Name (to be printed on license)		Other Name(s) Used:	
Date of Birth	Birthplace (city, st)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number*
Permanent Mailing Address			
City	State	Zip	County
Home Phone	Cell Phone	Email	

\*Your social security number is required pursuant to 42 U.S.C. 666(a)(13), K.S.A. 74-148 and K.S.A. 39-758, and may be provided to the Kansas Department of Revenue or Kansas Department for Children and Families for child support enforcement purposes upon request

☐ Yes ☐ No **Are you a United States citizen?**

**If no, are you a: (check one)**

- ☐ 0061 qualified alien as defined by 8 U.S.C. 1641
- ☐ a nonimmigrant under the Immigration and Nationality Act (8 USCA 1101 et seq.)
- ☐ an alien who is paroled into the United States under 8 USC 1182 (d)(5) for less than one year
- ☐ other: \_\_\_\_\_

☐ Yes ☐ No **Were you registered as an intern with the Kansas State Board of Pharmacy?**


If yes, what was your registration number? \_\_\_\_\_

If no, attach a completed Form S-100: KBI/FBI Criminal Background Check, a completed Fingerprint Card, and an additional \$48 fee.

Initials: \_\_\_\_\_

**OFFICE USE ONLY**

Permit #: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_

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### EDUCATION

School or College of Pharmacy		Location (city, st)	
Degree Obtained	Date Degree Conferred	Applying for which exam (select all that apply): <input type="checkbox"/> NAPLEX <input type="checkbox"/> MPJE	

☐ Yes    ☐ No    **Are you certified to administer immunizations?**

If yes, attach a copy of your immunization certification.

When does your current CPR certification expire? \_\_\_\_\_

### DISCIPLINARY INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Has there been a denial, revocation, suspension, voluntary surrender, or any other disciplinary action taken by the State of Kansas or any other jurisdiction against any professional or occupational license or registration held by you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been the subject of any disciplinary action taken against a professional or occupational license or registration?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are there any pending or unresolved complaints or investigations against you by any licensing authority or professional or occupational association?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, DEA, or any other federal or state drug enforcement authority?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Have you been convicted of (includes plea of guilty or no contest) a criminal offense or is there any criminal charge now pending against you (other than minor traffic violations) in any state or federal court whether or not a sentence was imposed, suspended, or diverted? This includes misdemeanors.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you ever been pardoned from a felony or misdemeanor criminal conviction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Have you ever had a felony or misdemeanor conviction expunged from your record?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Have you ever been convicted of (includes plea of guilty or no contest) or charged with a violation of any federal or state drug law(s) or rule(s) whether or not a sentence was imposed, suspended, or diverted?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Are you now or have you in the last five years been treated for a drug or alcohol addiction or participated in any substance abuse rehabilitation program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Do you currently have an alcohol, drug, or other substance abuse problem?


**If yes to any of the above questions, please attach Form S-150: Personal History.**

### APPLICANT CERTIFICATION

*I certify that I have completed a minimum of one year of pharmaceutical experience as required by K.S.A. 65-1631. I certify that the attached photograph is a true likeness of myself and was taken no more than 60 days prior to submission of this application. I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this application and that the information provided is true, correct, and complete to the best of my knowledge.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

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**PART B: TO BE COMPLETED BY DEAN/REGISTRAR OF COLLEGE OR SCHOOL OF PHARMACY**

**CERTIFICATE OF GRADUATION**

First Name	Middle Name	Last Name
School or College of Pharmacy		Location (city, st)
Degree Obtained		Date Degree Conferred

**DATES OF ATTENDANCE** (Attach additional pages if needed)

From	To

**DEAN/REGISTRAR CERTIFICATION**

*I declare under penalty of perjury under the laws of the State of Kansas that that the information provided herein is true, correct and complete to the best of my knowledge.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**AFFIX COLLEGE SEAL:**